

MAINE CRIMINAL JUSTICE ACADEMY
15 OAK GROVE ROAD, VASSALBORO, ME 04989

APPLICATION FOR IN-SERVICE TRAINING

COURSE NAME: _____

COURSE LOCATION: _____ **STARTING DATE:** _____

APPLICANT'S NAME _____
First MI Last

FULL TITLE, RANK OR POSITION: _____

NAME OF EMPLOYING AGENCY: _____

(Include Parent Organization Where Applicable:) _____

AGENCY ADDRESS: _____
Street City/Town Zip

AGENCY PHONE: _____ HOME PHONE: _____

HOME ADDRESS: _____
Street City/Town Zip

APPLICANT MUST COMPLETE THE FOLLOWING

I, _____ release the sponsoring agency and any other department/agency officially connected or associated with this training program from any liability in the case of illness or accident.

SIGNED: _____ DATE: _____

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If course is filled, I wish to be placed on the waiting list.

If agency/department is requesting this applicant to attend, the following must be completed:

The _____ (Agency Name) approves this applicant for training and releases the sponsoring agency and any other department/agency officially connected or associated with this training program from any liability in the case of illness or accident.

SIGNED: _____ TITLE: _____
Chief/Department Head/Supervisor

PRINTED NAME: _____ DATE: _____

Overnight Lodging Required:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
Meals Required:	<input type="checkbox"/>	NONE	<input type="checkbox"/>	NOON ONLY	<input type="checkbox"/> ALL